

Vaccine Administration Consent Form

This form remains in the medical record.

I have read the vaccine information statements or have had the information explained to me about the following:

- Tetanus and Diphtheria Vaccine
- Hepatitis B Vaccine
- Hepatitis B Immune Globulin

Indicate below whether you accept or decline the vaccines.

ACCEPT:

I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and authorize the healthcare worker to administer the vaccine(s).

Signature of the person to receive the vaccine(s) Date

DECLINE:

I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and decline the vaccine(s) at this time. I understand I may retract my decision and receive the vaccine at a later date, although consequences due to the delay may result.

Signature of the person to receive the vaccine(s) Date

For healthcare employee to complete:

- Tetanus and Diphtheria Vaccine: Date administered _____
 Manufacturer and lot number: _____
 Injection site: _____

Qualified Health Care Provider Signature Date

- Hepatitis B Vaccine: Date administered _____
 Manufacturer and lot number: _____
 Injection site: _____

Qualified Health Care Provider Signature Date

- Hepatitis B Immune Globulin: Date administered _____
 Manufacturer and lot number: _____
 Injection site: _____

Qualified Health Care Provider Signature Date